

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739316 1. Entity Name SARASOTA OUTRIGGER CONDOMINIUM, INC.					
Principal Place of Business 5155 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228				Mailing Address 5390 GULF OF MEXICO DRIVE SUITE 102 LONGBOAT KEY, FL 34228	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4134 GULF OF Mexico DR SUITE 211			
City & State Long Boat Key FL		City & State Long Boat Key FL		4. FEI Number 59-1925293	
Zip 34228		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRISH, BOB CPA 5390 GULF OF MEXICO DRIVE SUITE 102 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name BOB PARRISH CPA Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF Mexico DR SUITE 211 City Long Boat Key FL Zip Code 34228	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Bob Parrish CPA</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/29/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALEXANDER, TERRY 28 LAKE FORREST COURT-S ST CHARLES, MO 63301			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARRISH, BOB CPA 5390 GULF OF MEXICO DRIVE, SUITE 102 LONGBOAT KEY, FL 34228			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BASS, SHELTON 1655 BLUE HERON LN LAKELAND, FL 33813			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DURZO, ROBERTA 3651 BAYOU CIRCLE LONGBOAT KEY, FL 34228			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4134 GULF OF MEXICO DR # 211

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Parrish CPA* DATE 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 MAY 21 AM 8:11
STATE
TALLAHASSEE, FLORIDA

